PREVENTION OF CHILD SEXUAL ABUSE: A PROTECTION MOTIVATION THEORY-BASED INTERVENTION FOR MOTHERS OF PREADOLESCENTS

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Abstract

Child sexual abuse (CSA) is a growing concern in the world. Prevention of CSA in India is challenging due to deep rooted traditional values and beliefs. Sex and related matters are difficult topics for parents to discuss. Lack of parental awareness leads to increased risk for CSA. Maternal care is the most influential aspect of child rearing and they need information and skills to educate children on sexual abuse. The literature review was based on Bloom's taxonomy for academic writing. The need for systematic and evidence-based approach in primary prevention was identified. The aim of this study was to test the efficacy of Protection Motivation Theory (PMT)-based psychoeducation program as intervention. The specific objectives were to check the impact of intervention on enhancing mothers' knowledge, attitude and sense of parental competence and evaluation of intervention. An interactive mixed-method design was adapted embedding quantitative and qualitative methods. The participants were mothers aged between 30-40 years (n=72) who had preadolescent children (8-12 years). The pre and post assessment used the CSA knowledge and attitude scale developed for the study and Parenting Sense of Competence (PSOC) scale (Gibaud-Wallston & Wandersman, 1978). A facilitator's psychoeducation manual was developed embedding the PMT constructs for intervention. The mixed method analysis included quantitative (t-test, RM-ANOVA & ANCOVA) and qualitative (qualitative content analysis) techniques. The triangulation of the data substantiated the findings of the two techniques. The quantitative results indicated significant differences between the groups for CSA knowledge and attitude. The impact on PSOC was not conclusive. The qualitative results indicated the benefits of intervention. The impact of intervention was positive and effective. The involvement of mothers in the prevention program was found to be effective in this study. The findings of this study have important implications for developing theory-based interventions for CSA prevention.

Keywords: child sexual abuse, mothers, pre-adolescent, protection motivation, prevention.

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List of Abbreviations

CSA-Child Sexual Abuse

PSOC-Parenting Sense of Competence

PMT-Protection Motivation Theory

PV-Perceived Vulnerability

PS-Perceived Severity

RE-Response Efficacy

SE-Self Efficacy

MWCD-Ministry of Women and Child Development

CRC- Child Rights Commission

POCSO-Protection of Children against Sexual Offences Act

NCPCR-National Commission for Protection of Child Rights

SCPCR-State Commission for Protection of Child Rights

ICPS-Integrated Child Protection Scheme

Introduction

Background

Child abuse and neglect are a worldwide phenomenon. The achievement of the Millennium Developmental Goal (MGD) is not possible without child protection becoming an integral part of strategic developmental planning (Saini, 2013). The Integrated Child Protection Scheme (ICPS) (ICPS, 2009) launched by the Ministry of Women and Child Development (MWCD) in 2009 is expected to play an important role in child protection and institutionalize services and strengthen the structure to ensure child safety. The enactment of the Protection of Children against Sexual Offences Act (POCSO, 2012) confirms the need for serious preventive efforts to safeguard children against sexual abuse.

Child Sexual Abuse

According to David Finkelhor (1994), the term Child sexual abuse covers a range of acts. In general, legal and research definitions CSA requires two elements one sexual activity involving children as an abusive condition such as coercion and two a large age gap between the participants indicating a lack of consensus. The incidence and prevalence of CSA is increasing globally. Sexual violence against children seems to occur across the world with dangerous magnitude.

Evidence

- 73 million boys and 150 million girls under the age of 18 years had experienced various forms of sexual violence (WHO, 2002).
- In India 53% of children are sexually abused. 57.3% are boys and 42.7% are girls. And children mostly belonged to 5-12 years age group (Ministry of Child and Women Development, 2007).
- In Kerala over 2600 kids are abused every year (The New Indian Express, 11 August 2018).

Parental role in CSA Prevention

Parents play an essential role in child protection. Parental lack of awareness increases the risk of sexual abuse (Pullins & Jones, 2006). There is a dearth of research on parents as agents of CSA prevention (Walsh & Brandon, 2012). Though parents are available and accessible people for children they are reluctant to inform children about CSA (Finkelhor, Asdigian & Leatherman, 1995). The sensitive and secretive nature of the topic makes open communication about CSA a complicated one.

In India, mothers are the primary caregivers. Though equal gender roles are advocated in modern family systems still fathers consider child care is the primary

responsibility of mothers (Tuli, 2018). Indian family's perception about child-rearing practices finds mothers' self-perception to be significantly higher than fathers in areas of practices related to academics, recreation, puberty, demonstration of love and personality development (Kaur, 2013). The adolescent children similarly find their mothers' child-rearing practices to be better than fathers' (Kaur, 2013). Studies find mothers are effective educators, more prepared and intended to discuss about CSA (Deblinger et al., 2010; Elrod & Rubin, 1993).

CSA Knowledge and Attitude

The studies on level of knowledge and attitude and their relationship concerning CSA had mixed findings. Studies identified a positive significant correlation between CSA knowledge and attitude (Rani, 2019). The knowledge among participants was found to be moderate but many had negative attitudes about prevention (Pahantasingh et al., 2020). Studies also found a significant number of them have poor knowledge (Gurung, 2015; Khanjaris, 2014; Salloum, 2019) on the topic. Few studies found that CSA knowledge was adequate (Alzoubi, 2018; Chen, Dunne & Han, 2007) among the participants. Hence the need for understanding knowledge and attitudes among mothers becomes crucial in the present study.

Parental competence

Defined as "the practical abilities parents have to nurture, protect, and educate their children, and to ensure them a sufficiently healthy development" (Barudy & Dantagnan, 2010, p.34). Many programs and interventions emphasize on empowering parents by promoting knowledge, abilities, and attitudes across developmental stages. (Martinez-Gonzalez et al., 2018; Lindhiem et al., 2020). The present study is expected to have different levels of acceptability and impact on parents. Hence, examining the parental sense of competence along with CSA-knowledge and attitude was considered.

Theoretical Framework

Protection Motivation Theory (PMT)- A public health model

The present study is an intervention based on the Protection Motivation Theory (PMT), (Rogers, 1975). PMT is based on a fear-driven model. It is considered to be an extended theory of persuasive communication (Boer & Sydel, 1996). Fear-evoking messages are presented to the receiver and the threat is appraised (cognitive phenomena) consequently a desirable coping response is hinted (persuasive communication). The receiver makes a conscious decision regarding the threat (coping appraisal). The receiver after the threat and coping appraisal is better equipped to deal with a health risk. The four important determinants

of the model are, (a) vulnerability, (b)severity, (c)response efficacy, and (d) self-efficacy. The vulnerability and severity factors are determinants of the threat appraisal and response and self-efficacy are determinants of coping appraisal (Sutton, 2002).

PMT adopted in early CSA prevention studies yielded positive results in favour of the theoretical constructs (Campis, Dunn & Lyman, 1989; Burgess & Wurtele, 1998). PMT was found to be effective in sedentary behaviors, cancer prevention, tobacco use, and attitude change (Wong et al., 2016; Sakhvidi et al., 2015; MacDonell et al., 2013; Rogers, 1975). The following figure 1 illustrates the model and figure 2 illustrates the intervention framework.

Figure 1. Diagrammatic representation of PMT model

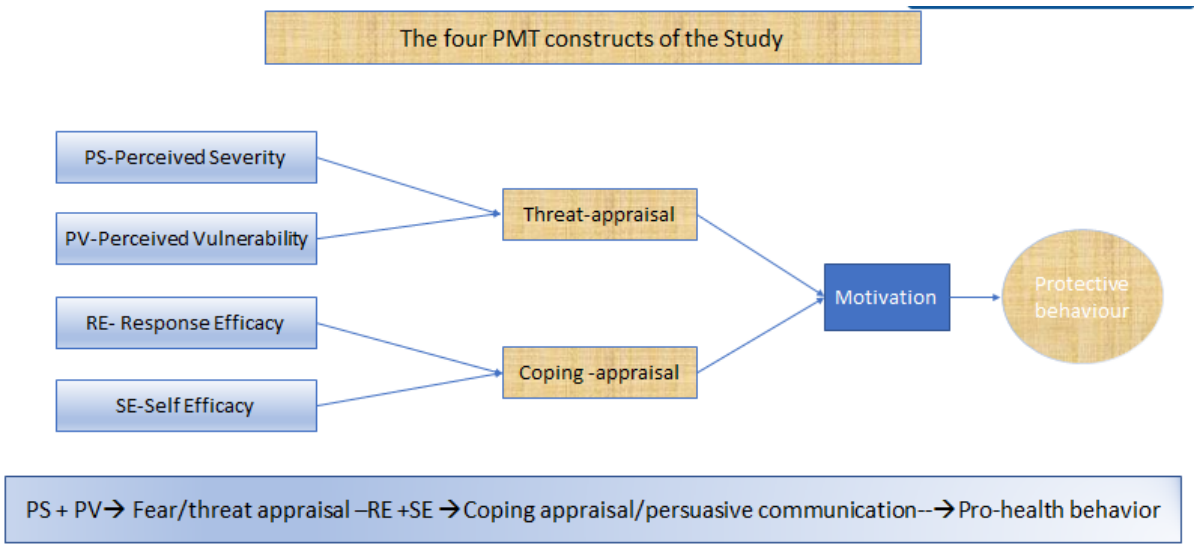
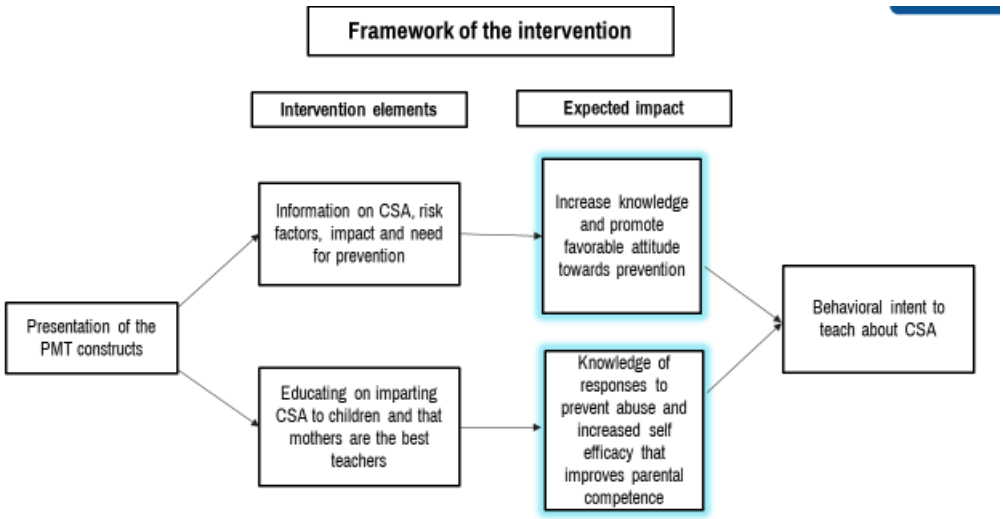


Figure 2. Illustration of the intervention framework


Framework of the intervention
Intervention elements
Expected impact
Information on CSA, risk factors, impact and need for prevention
Increase knowledge and promote favorable attitude towards prevention
Presentation of the PMT constructs
Behavioral intent to teach about CSA
Educating on imparting CSA to children and that mothers are the best teachers
Knowledge of responses to prevent abuse and increased self efficacy that improves parental competence

Rationale of the study

CSA is an under curbed issue in India. According to the APA 2014 guidelines for research, the focus of researches has to now shift from applied psychology to use of psychological principles for prevention of psychological disease and distress called the prevention psychology. The complex cultural restriction of our country in matters of communicating about sexuality to young children requires a culturally sensitive approach in envisaging educative programs on CSA. A public health approach to prevent CSA is rarely applied in India. The testing of the PMT model would give important insights as to how the need for teaching CSA prevention skills be enhanced at the cognitive level.

Research objectives

1. To develop a PMT-based intervention program for mothers of preadolescents.
2. To assess the effectiveness of PMT- based intervention on knowledge and attitude among mothers of preadolescents.
3. To assess the effectiveness of PMT- based intervention on parental sense of competence among mothers of preadolescents.
4. To evaluate the effect and outcome of the PMT-based intervention among mothers of preadolescents.

Review of literature

The areas of review for the present study limits broadly to the topic of CSA, prevention psychology, and intervention. Specifically, a more detailed review covers the application of the PMT model, the role of mothers in imparting safety skills to children/preadolescents, and a range of allied theoretical concepts, public policies, and programs, and psychoeducation that supplement information for a broader understanding of the reviewed concepts. The key terms used for the literature survey were child sexual abuse prevention, mothers, pre-adolescents and protection motivation. The resources accessed for the present study included Ebscohost, Jstor, Proquest, Shodhganga, Google scholar, Taylor & Francis, and Research gate. The period of review is between 1975 and 2019. The primary focus of the present research being ‘prevention', the materials emphasizing causality, treatment/therapy for victims of CSA were referred only to understand the phenomena of CSA from a general perspective. It is evident from the review that the majority number of studies on CSA focuses on handling the after-effects of CSA. The review of Indian literature on the topic also lacks research on prevention.

Bloom's taxonomy (Bloom et al., 1956) for the hierarchy of thinking skills was referred for synthesis and evaluation of the previous literature. Blooms approach was revisited

from application in pedagogy to cognitive academic writing in an informal way for deeper awareness and joy of writing (Whitney, Wolfe-Cundiff & Wyatt, 2005). The objective of the review was to develop an effective intervention for the prevention of CSA involving parents. The review led to the development of an intervention using a public health approach involving mothers. The review progressed through the six stages, Knowledge, Comprehension, Application, Analysis, Synthesis, and Evaluation. Figure 2 illustrates the review process.

Figure 3. Illustrating the literature review process of the study

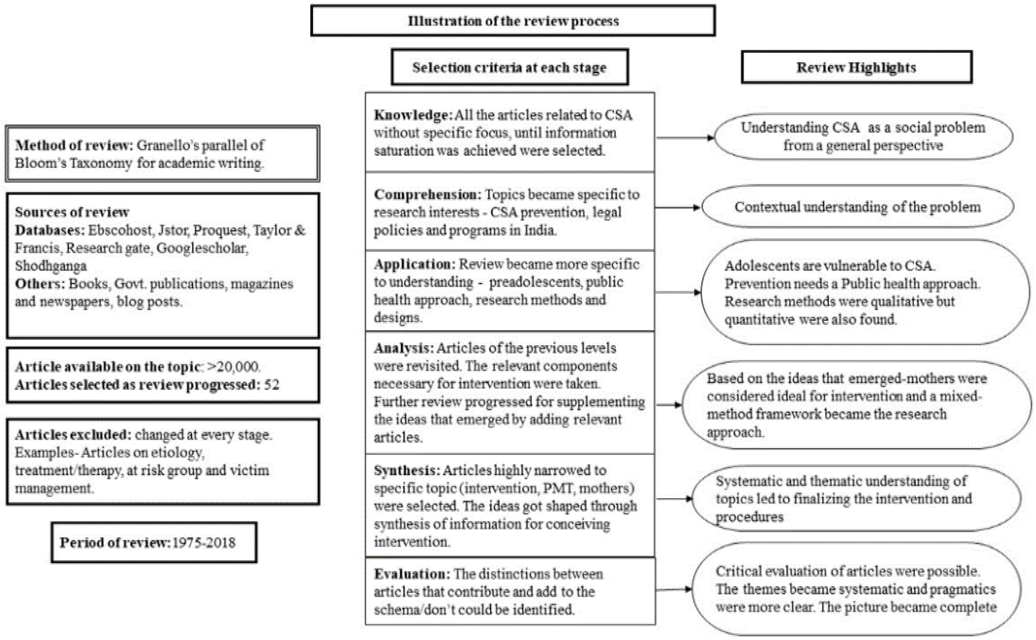


Illustration of the review process
Selection criteria at each stage
Review Highlights
Method of review: Granello's parallel of Bloom's Taxonomy for academic writing.
Sources of review
Databases: Ebscohost, Jstor, Proquest, Taylor & Francis, Research gate, Googlescholar, Shodhganga
Others: Books, Govt. publications, magazines and newspapers, blog posts.
Article available on the topic: >20,000.
Articles selected as review progressed: 52
Articles excluded: changed at every stage. Examples- Articles on etiology, treatment/therapy, at risk group and victim management.
Period of review: 1975-2018
Knowledge: All the articles related to CSA without specific focus, until information saturation was achieved were selected.
Comprehension: Topics became specific to research interests - CSA prevention, legal policies and programs in India.
Application: Review became more specific to understanding - preadolescents, public health approach, research methods and designs.
Analysis: Articles of the previous levels were revisited. The relevant components necessary for intervention were taken. Further review progressed for supplementing the ideas that emerged by adding relevant articles.
Synthesis: Articles highly narrowed to specific topic (intervention, PMT, mothers) were selected. The ideas got shaped through synthesis of information for conceiving intervention.
Evaluation: The distinctions between articles that contribute and add to the schema/don't could be identified.
Understanding CSA as a social problem from a general perspective
Contextual understanding of the problem
Adolescents are vulnerable to CSA. Prevention needs a Public health approach. Research methods were qualitative but quantitative were also found.
Based on the ideas that emerged-mothers were considered ideal for intervention and a mixed-method framework became the research approach.
Systematic and thematic understanding of topics led to finalizing the intervention and procedures
Critical evaluation of articles were possible. The themes became systematic and pragmatics were more clear. The picture became complete

Overview of the review

CSA is a highly contextual and sensitive topic. Many myths about CSA makes it a complex issue to be addressed openly. There are many theoretical views on CSA and its etiology (Finkelhor, 1999; Marshall & Barbaree, 1990; Thakker & Ward, 2011; Hall & Hirschman, 1991; Ward & Beech, 2006). This gives a broader understanding of the concept and multiple factors that promote CSA which ranges from subjective factors like expectations and social contexts that explain sex and sexuality to social factors like gender discrimination, beliefs, and value systems. The devastating physical and psychological impact of CSA leaves a lasting effect on the child's health and wellbeing. The preadolescent stage is the most sensitive one. The physical and psychological changes make them more vulnerable to abuse (Nisha, 2014).

CSA is an under curbed issue in India (Bhuvaneswhwari & Deb, 2016; Chadda & Deb, 2013). The social condition of India is such that other issues like poverty, malnutrition,

education, and migration are the primary focus of welfare programs and policies (Saini, 2013). The rural-urban divide also makes the need for different approaches to address CSA. The child-rearing practices are also deeply rooted in traditional values and belief system that make addressing CSA within the family a very sensitive one (Carson, Foster & Chowdhary, 2013). Secrecy about sexual abuse is maintained that allows abuse to continue (Baradha, 2006; Patnaik, 2007). Lack of knowledge and failure among parents to believe disclosures prevents children from getting help (Priyabadini, 2007). Such hindrances for prevention require that multiple agencies involve along with the broader community. Deb and Mukherji, 2009 recommend that interventions have to incorporate information about CSA/all forms of abuse for schools and communities to protect children. Stringent policies and programs to curb CSA are relatively recent in India when compared to the west. The National Policy for children, the formation of NCPCR under the MCWD, and the passing of the POCSO in 2012 are important milestones in the efforts to curb CSA. However, the issue remains an ever-increasing problem in India. Though a magnitude of cases is being reported many still go unrecognized and many do not come under legal scrutiny due to the stigma attached to sexual victimization. Policies and programs with the aim of prevention of CSA lack effective implementation in India. Yet it is in recent times that the campaign by NGOs and child welfare organizations are finding a place in mainstream media, especially social media for campaigning against CSA. The lack of effective preventive efforts harbors a need for mass campaign and public awareness to prevent CSA.

The public health model has been successful in preventing and creating awareness among the masses for numerous health-related matters (Wong et al., 2016; Sakhvidi et al., 2015; MacDonell et al., 2013; Rogers, 1975). The potentially modifiable behaviors that can prevent the risk and disease are addressed among the public through highlighting the risk and severity of the disease. The PMT model is successfully applied in many persuasive health communication programs (Boer & Sydel, 1996). It is beneficial in many programs like cancer prevention, anti-smoking campaigns, anti-tobacco campaigns, and sedentary lifestyle behaviors. The application of the PMT model for the prevention of CSA is found in two studies (Campis, Dunn & Lyman, 1989; Burgess & Wurtele, 1998). The findings of these studies indicate that the PMT constructs applied to promote active preventive behaviors in participants were effective.

The age-old traditional parenting practices of considering mothers as vital caregivers still holds in modern society (Ainsworth & Bowlby, 1991). Though both genders have claimed equal sex roles in parenting these days, in India mothers are more involved in

parenting. The child is more attached and dependent naturally on the immediate caregiver who is generally the mother in usual circumstances. The mother-child attachment factors can positively influence the mother-child communication for CSA prevention (Martinez, 2009; Tutty, 1993; Jin, Chen & Yu, 2018). The predominant approach for CSA prevention has been school-based programs. The efforts of the school need to collaborate with awareness and motivation in the family deal with CSA. Studies highlight the fact that involving family in prevention programs are more beneficial than school-based interventions (Wurtele et al., 1991). The intervention programs mainly focus on delivering age-appropriate information to children. Teaching to label body parts, timely disclosure, distinguishing good and bad touch, forms the content of all the prevention programs (Hodson & Skeen, 1987).

The methodological approach in CSA research has largely been qualitative in nature (Thyer, 2012). However quantitative approaches are also used frequently. The ethnographic approaches (Durham, 2002) are found to be more widely used to address the issue of CSA prevention. The competence and skill of the researcher are also of utmost importance. And the participant comfort is of prime importance along with abiding by all the ethical principles.

Research questions

1. Would the PMT-based intervention enhance the knowledge and attitude towards CSA prevention?
2. Would the PMT-based intervention enhance the parental sense of competence among mothers of preadolescents?
3. What are the perceptions of mothers about CSA prevention?
4. What are the markers of positive change in the PMT-based intervention?
5. Would the PMT-based intervention facilitate mothers to teach about CSA prevention?

2.4. Hypotheses

H1: There will be significant differences among mothers in CSA knowledge and attitude ` pre- and post-intervention.

H2: There will be significant differences among mothers in the parental sense of competence (satisfaction and efficacy) pre- and post-intervention.

H3: There will be significant differences among mothers between the experimental and control group in CSA knowledge and attitude.

H4: There will be significant differences among mothers between the experimental and control group in parental sense of competence (satisfaction and efficacy).

Method

Research Design

The present study adopted an **'interactive mixed-method research design'** (Schoonenboom & Johnson, 2017; Creswell et al., 2011). The mixed-method approach for the present study was necessary because the objectives of the study requires a quantitative approach to test the hypotheses and the research questions of the study necessitates a real-life contextual understanding (NIH office of Behavioural and Social sciences, 2018) of the experiences of the participants during the intervention.The quantitative phase included the pre and post-test assessments and the qualitative phase included qualitative content analysis of the intervention. The experimental and control groups were assessed for knowledge and attitude on CSA and PSOC. A psycho-education program on CSA and its prevention based on PMT was provided as intervention. Hence the terms psychoeducation and intervention are used interchangeably in the following sections. The control group received the intervention after the experiment. A five-hour program was conducted in two sessions of two and a half-hour session with a gap of one week. Follow-ups were carried out after a period of two months. The point of convergence came after the procedures, analysis, and results were carried out separately for quantitative and qualitative data (Bradt, 2015). The quantitative data from the pre and post-tests and the qualitative data from the intervention were corroborated for arriving at conclusions about the effectiveness of the PMT-based intervention. The intervention was evaluated at the end of the study for validity on different criteria namely treatment fidelity, feasibility, acceptability, satisfaction, member checking and, stakeholder suggestions.

Variables

Independent variable- PMT-based psycho-education program as an intervention.

Dependent variables- CSA knowledge and attitude

Parenting sense of competence (Satisfaction and Efficacy)

Operational Definitions

Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust, or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or

coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performance and materials (WHO, 1999, pp.75).

In the present study, the CSA knowledge and attitude as measured by the scale will be the mother's knowledge and attitude towards CSA prevention. The aim was to increase knowledge and promote attitude towards the prevention of abuse.

Parental Sense of Competence "the practical abilities parents have to nurture, protect, and educate their children, and to ensure them a sufficiently healthy development" (Barudy & Dantagnan, 2010, p.34).

In the present study, the competence as measured by the scale will be the mother's sense of competence. The aim was to check if the intervention had any effect on the level of parental competence.

Psychoeducation

The practicing psychologists following an educational model in one of whose works would derive directly or indirectly from a concern not with 'curing' neurosis and not with intellectual growth per se but rather with the teaching of personal and interpersonal attitudes and skills which the individual applies to solve present and future psychological problem and to enhance his satisfaction with life (Guerney, Stollak & Guerney, 1971, pp.277).

The present study included constructs of PMT: (a) Perceived Severity (PS) (b) Perceived Vulnerability (PV) (c) Response-Efficacy (RE) and (d) Self-Efficacy (SE). The program included comprehensive aspects of CSA facts and myths, risks and indicators, legal information, handling disclosure, and promotion of prevention skills among mothers. These information increases the knowledge and promotes positive attitude towards CSA prevention through the threat appraisal. In the process the parental sense of efficacy and satisfaction for the mother can be enhanced while preparing the child to understand risks and dangers of abuse through the coping appraisal.

Participants

Sample- Mothers (n=72) between the age group 30-40 years who have preadolescent children.

Setting- Kannur, Kerala.

The mothers were approached at the social activities, parents-teachers' meetings, Kudumbasree meetings (Kerala-Self Help Groups), and residents associations. There was no random assignment to groups and assigning was based on the judgmental matching of the

researcher (White & Sabarwal, 2015 & Rogers, 2015). 92 mothers were approached for the study and 72 of them consented to the final study.

Sampling- Purposive sampling technique.

Table 1

The sample allotment to the experimental and control group

Experimental Group	Control Group	Total
35	37	72

Inclusion criteria

- Mothers of pre-adolescent children between the age range of 30-40 years.
- Mothers who could read, write and comprehend the English language.
- Mothers who voluntarily consented to participate in the study.
- Mothers who were residents and natives of the Kannur Region.

Exclusion criteria

- Mothers who reported a six and above the level of discomfort on a 10-point rating scale while discussing CSA.
- Mothers who were part of any awareness or training program on CSA prevention previously.
- Mothers who had mentally or physically challenged preadolescent children.
- Mothers who were diagnosed with or under treatment for psychiatric conditions.

Tools and materials

Demographic datasheet. Name, age, education, occupation, details of the family and religion were collected. The items based on the exclusion criteria were included in the sheet.

CSA knowledge and attitude scale (Chen & Chen, 2005). A 20 item five-point Likert scale, options ranged from strongly agree to strongly disagree. Scores to each response ranged between one and five including reverse-scored items. A higher score indicated good knowledge and attitude. The total number of items in the final scale had ten items in each category.

Parenting sense of competence scale (PSOC) (Gibaud-Wallston & Wandersman, 1978)**.** The tool validity is confirmed by various studies (Gilmore & Cuskelly, 2009; Hurley, Hurskroft-D'Angelo, Trout, Griffith & Epstein, 2014). It is a 17 item six-point Likert scale

with **satisfaction** and **efficacy** as sub scales.

PMT-based Psychoeducational Intervention

The objective was to provide knowledge on CSA and promote healthy attitude towards prevention of CSA. The manual was developed based on the principles of psychoeducation & PMT. The facilitators manual and participants booklet guided the intervention procedures. The manual was reviewed and validated by two experts. One of the experts was from the field of adolescent psychiatry and community interventions in India and other was an international expert on CSA, who had expertise in CSA prevention research and was part of many collaborative Indian research projects on abuse prevention among children.

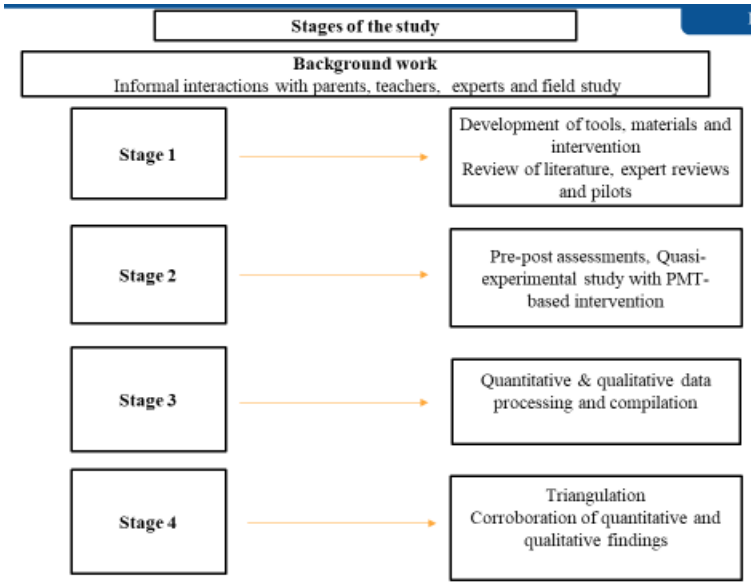
Participant Worksheets & Case Vignettes- CSA prevention information was embedded with four PMT constructs using case vignettes with statement ratings and response sheets.

Post-intervention follow-up schedule- A-brief five-item schedule. The participants answered the items in yes or no format and were probed to elicit detailed information. Participants also rated their overall experience in the research program on a five-point Likert scale.

A brief guided form for conveying the results based on the findings for member checking process through telephonic conversation.

Procedure

Figure 4 Illustrating the stages of the study


Stages of the study
Background work
Informal interactions with parents, teachers, experts and field study
Stage 1
Development of tools, materials and intervention
Review of literature, expert reviews and pilots
Stage 2
Pre-post assessments, Quasi-experimental study with PMT-based intervention
Stage 3
Quantitative & qualitative data processing and compilation
Stage 4
Triangulation
Corroboration of quantitative and qualitative findings

Recruitment of Participants - More than 92 mothers were approached for the study and 72 of them consented for final study. Mothers were enrolled after prior consent and venue and time of meetings were arranged according to the groups' convenience.

Selection- The participants were allotted to experimental and control group based on judgmental matching (White & Sabharwal, 2010) of the researcher.

Pre-test - Assessment of CSA knowledge and attitude and PSOC. The responses of the participants to the CSA knowledge and attitude scale and the PSOC formed the pre-test data of the study. Later the experimental group received psycho-education program at accessible locations and on convenient dates.

Intervention: A five-hour psycho-education program was conducted for the experimental group. The procedure in the psychoeducation manual was followed. During the intervention the constructs of PMT were exposed and mothers were educated on CSA prevention. Refer appendix J for the figure explaining the intervention in detail. The control group was provided with a general reading material on parenting. The arrangements were made according to a feasible schedule at the nearest location of the participants.

Post-test: After the intervention the participants were assessed for CSA knowledge and attitude and PSOC. After the experimentation, the control group was provided the psycho-education program. Follow-ups were conducted after two months.

Challenges encountered

The cancellation of scheduled venue and dates by the participants caused inconvenience and delays during the phase. The schedules were flexible in terms of time and location yet there were drop outs in the study. It was a task to bring in the focus on CSA and prevention as points for discussion during intervention, participants had tendencies to deviate the topic to women issues and rights. Investment of extra effort, time and cost were inevitable at different phases of intervention.

Data Management

Data entry and cleaning was completed using MS. Excel Sheets. The participant anonymity was maintained by providing each participant a unique identity code. The data coding and analyses were conducted running Statistical Package for Social Sciences (SPSS) version 23. The data protection is ensured by storing it in password enabled files. Data access is given only to the researcher. And the data will be used only for research and publications.

Data analysis

I Quantitative Analysis

- Sample characteristics

- Preliminary descriptive statistics
- Pre and post-test comparisons and effect size
- Analysis of Covariance (ANCOVA)
- Repeated Measures Analysis Variance (RM-ANOVA)

II Qualitative analysis

Condensation, Coding, Category & Themes

III Triangulation

Data triangulation

IV Evaluation of intervention

Treatment fidelity, Feasibility, Acceptability, Satisfaction,
Member checking, Stakeholder suggestions

Validation of findings

a) substantiating each finding with the excerpts from the feed-back given by the participants,
b) triangulating the data with the quantitative findings obtained from the study,
c) describing the analytic process that reached the conclusions,
d) analysis of contradictory views of participants,
e) member checking by explaining the findings to few participants and,
f) constantly keeping the personal bias checked by peer reviewing the findings at each stage of analysis (Levitt, 2019).

Ethical issues

The Institutional Review Board (IRB) gave permission to proceed with the study after ethical clearance. Informed consent was mandatory for all the participants and the participants had the right to withdraw from the study at any stage without giving any explanations. The risk benefits were explained in the informed consent form. The confidentiality of the information shared was ensured by proving a unique identity code for every participant. The participant booklet had information on the accessible local psychological services and were ensured referrals if they needed help at any stage of the study. The researcher did not have dual relationship with any of the participants. The researcher's competence and cultural sensitivity eased the process of interaction with the participants. The researcher conveyed the findings of the research through debriefing scripts.

Results

I Quantitative Results

Objectives

1. To examine the effect of intervention on the participants between the pre-test and posttest conditions.
2. To examine the extent of the impact of intervention by comparing the experimental and control group.

Sample characteristics

Table 2

Summary of the demographic characteristics of the participants(n=72)

Demographic information		N	Percentage (%)
Education	*Below graduates*	12	17
	Graduates	47	65
	Graduates and above	13	18
Occupation	*Homemaker*	31	43
	Working	34	47
	Self-employed	7	10
Socio-economic status	*Low-income group*	11	15
	Middle- income group	12	17
	High-income group	49	69
Family type	*Nuclear*	34	47
	Joint	38	53
Religion	*Hindu*	63	88
	Islam	6	8
	Christian	3	4

The mean age of the participants was 35.77 years. The personal data schedule included information on the participants' education, occupation, socioeconomic status, family type, and religion. 65% of them were graduates with 47% working and 10% self-employed. The socioeconomic status indicates majority of them belonged to high-income groups (68%). The 47% of the participants lived in nuclear families and 53% in joint families. Of the 72 participants 88% were Hindus. Table 2 provides a detailed summary of the sample characteristics.

Preliminary descriptive statistics

Table 3.

Basic descriptive statistics and the Shapiro Wilk's test values

Variables	Mean	SD	Wilk's	Cronbach's alpha
CSA knowledge & attitude	71.23	7.74	.669	.61
PSOC	67.62	6.73	.785	.74

SD=Standard Deviation, Wilk's= The Shapiro Wilk's test value

Table 3 displays the measures mean and standard deviation and the Shapiro Wilk's significance values for normality checks along with reliability statistics Cronbach's alpha. The tests were carried out on the scores of total CSA knowledge and attitude and PSOC. The total CSA knowledge and attitude statistics shows that the data is normally distributed and the Cronbach's alpha is satisfactory.61. Similarly, the PSOC data is also normally distributed with satisfactory Cronbach's alpha .74.

Pre and post-test comparisons

Table 4.

The paired t-test statistics and Cohen's d' on study variables for post-test and pre-test of the experimental group n=33, df=64

		Mean	SD	t	d'
CSA-Knowledge	Pre-test	35.63	4.30	3.47**	0.85
	Post test	39.27	4.18		
CSA Attitude	Pre-test	36.51	3.61	0.07	
	Post test	36.45	2.72		
PSOC Efficacy	Pre-test	30.09	4.17	0.71	
	Post test	30.75	5.01		
PSOC Satisfaction	Pre-test	36.57	6.45	2.55*	0.65
	Post test	40.09	4.56		
PSOC Total	Pre-test	66.66	5.59	3.49**	0.80
	Post test	70.63	4.99		

*n=number of participants, SD= Standard deviation, t=t-test value, df=degrees of freedom, *= p value significant at .05level, **= p value significant at .01 level, d'=Cohen's d.*

The CSA-knowledge is found to have significant differences between pre and post-test (P<.01). The PSOC-satisfaction and PSOC total scores were also found to have significant difference (P< .05 and 0.01 respectively). To find out the effect size for mean comparisons before and after the intervention for the experimental group Cohen's d' was applied. The effect size for the means of CSA-knowledge, PSOC-satisfaction and PSOC total

are 0.85, 0.63 and 0.80 respectively (refer table 4). The intervention thus has a positive (moderate to high) effect on the participant's CSA knowledge and parental sense of satisfaction and competence. This, in turn, implies that this magnitude of change will be beneficial to mothers in dealing with CSA.

Repeated measures ANOVA.

The experimental group after pre and post-test was assessed at follow-ups. The mean differences between the three points of assessment for both CSA and PSOC were compared.

Table 5.

The Mean and Standard Deviation (SD) of the three points of assessment of the study variables for the experimental group

Variables		Mean1 (SD)	Mean2 (SD)	Mean 3 (SD)
Experimental				
CSA	Knowledge	35.63 (4.30)	39.27 (4.18)	38.15 (4.73)
	Attitude	36.51 (3.61)	36.45 (2.72)	34.66 (3.45)
PSOC	Efficacy	30.09 (4.17)	31.81 (3.11)	32.12 (3.16)
	Satisfaction	36.57 (6.45)	40.27 (4.69)	38.72 (4.10)
	Total	66.66 (5.59)	70.84 (7.43)	69.24 (4.60)

Mean1=Pre-test, Mean2=post-test, Mean3= Follow-up

Table 5.1

The Greenhouse-Geiser correction to the df of the repeated measures ANOVA for the study variables of the experimental group

Source		Type III sum of squares	df	Mean square	F
Experimental group					
CSA-knowledge	Time	242.92	1.27	191.11	10.09**
	Error	769.73	40.67	18.92	
CSA-attitude	Time	72.78	1.291	56.38	3.81
	Error	611.21	41.30	14.79	
PSOC- Efficacy	Time	79.17	1.91	41.42	3.59
	Error	704.82	61.16	11.52	
PSOC-Satisfaction	Time	227.53	1.18	192.14	4.57*
	Error	1591.78	37.89	42.00	

PSOC-Total	Time	293.71	1.82	161.08	4.53*
	Error	2070.94	58.34	35.49	

***=P<.01, *=P<.05*

Table 5. shows the mean and SD at three points of assessment of the experimental group for CSA knowledge and attitude and PSOC. The mean values and SD for all the variables are found to be varied at three time points. The application of repeated measures ANOVA to compare the mean scores pairwise requires that there should be an overall significance within the subjects for three time points hence, the Greenhouse-Geiser corrections to the degrees of freedom is considered. Table 5.1 summarizes the variables and their respective correction values for overall ANOVA. And the pairwise comparisons are carried out for all the means except CSA attitude and PSOC efficacy because there is no overall significant difference found.

Table 5.2

Pairwise comparisons of the variables based on the estimated marginal means of the experimental group with Bonferroni post hoc test applied

Measure	(I) Time	(J) Time	Mean difference (I-J)	Standard error	Sig.[b]
CSA-knowledge	1	2	-3.636*	.931	.001
		3	-2.879*	1.060	.032
	2	1	3.636*	.931	.001
		3	.758	.444	.293
	3	1	2.879*	1.060	.032
		2	-.758	.444	.293
PSOC-satisfaction	1	2	-3.697	1.487	.055
		3	-2.152	1.432	.429
	2	1	3.697	1.487	.055
		3	1.545*	.510	.014
	3	1	2.152	1.432	.429
		2	-1.545*	.510	.014
PSOC-total	1	2	-4.182*	1.602	.041
		3	-2.576	1.317	.178
	2	1	4.182*	1.602	.041
		3	1.606	1.258	.633

	3	1	2.576	1.317	.178
		2	-1.606	1.258	.633

Based on the estimated marginal means

**. The mean difference is significant at the .05 level.*

b. Adjustment for multiple comparisons: Bonferroni.

Table 5.2 gives the pairwise comparisons of the means that showed differences across three time points using repeated measures ANOVA. The Bonferroni post hoc test is carried out to identify the point of grater change among the three time points. The pairwise comparisons drawn for the pre-test (1), post-test (2) and follow-up (3) for the means compares each time points with others and their respective mean differences, standard error and the adjusted Bonferroni post hoc (Sig.[b]) is explained in the table. Each measure of CSA-knowledge, PSOC-satisfaction and PSOC-total have differed significantly from pre-test to post-test and from pre-test to follow-up. There are also variations in differences from post-test to follow-ups across measures indicating no significant differences between two time points. The graphical representation of the means of the measures are used to explain the change in mean scores with the data summarized in Table 5.2. The figure 5 compares the CSA- knowledge mean scores at pre-test, post-test and follow-up for the experimental group.

The pairwise comparisons indicate that there is a significant difference between pre-test and post-test (p = .001) and pre-test to follow-up (p =.032) for experimental group on CSA knowledge. The graph also shows an increasing trend from pre-test to post- test, but the line only slightly falls after post-test but is much above the pre-test score.

Figure 5. Line graph showing the means of the CSA-knowledge scores of the experimental group at three time points (1= pre-test, 2= post-test, 3= follow-up)

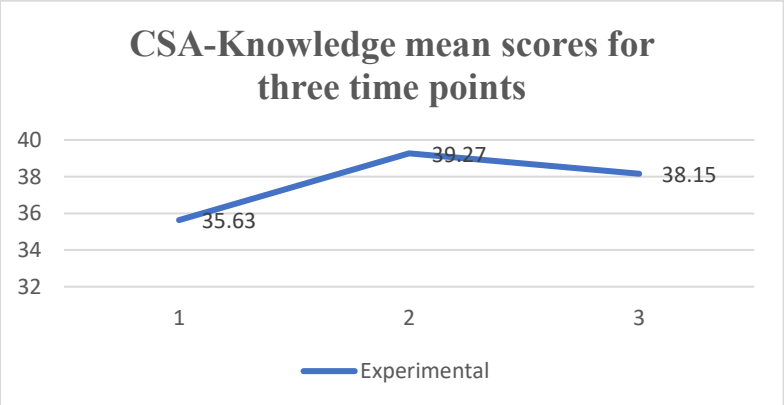
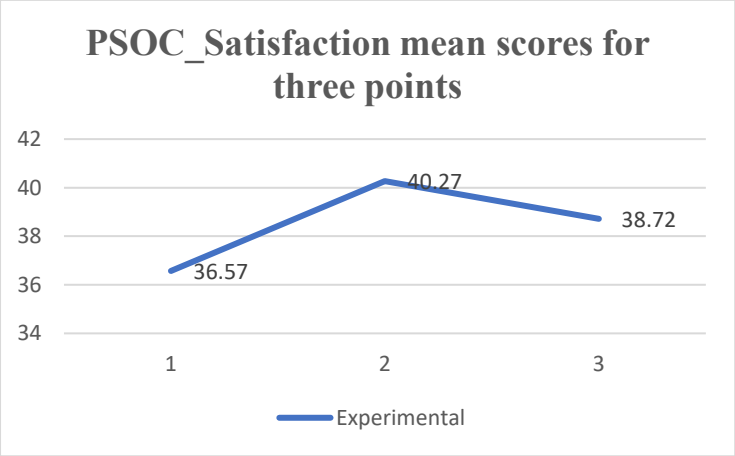


Table 5.2 gives the pairwise comparisons of the PSOC mean scores at three time points. There are significant differences between pre-test and post-test and follow-up with varied *P* values. The PSOC-satisfaction means is found to differ between three time points

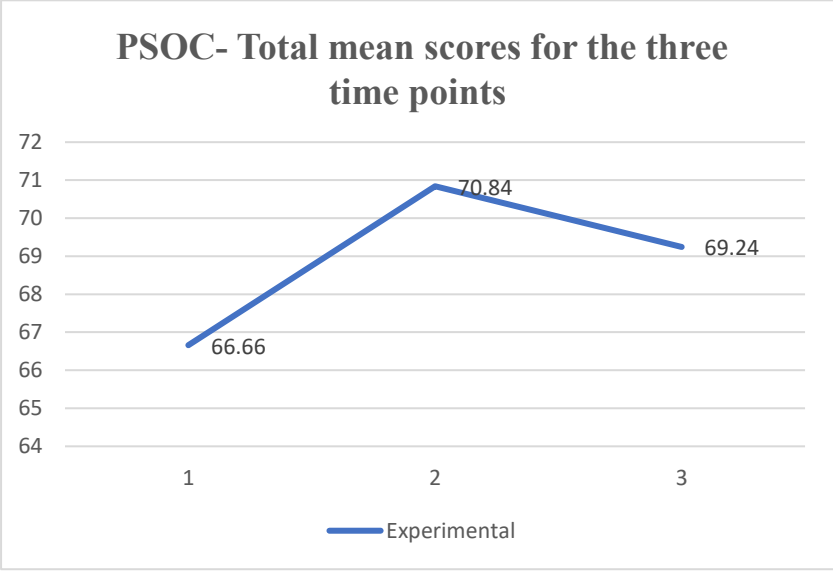
with a significant difference only between post-test and follow-up (*P*=.014) for the experimental group. Figure 5.1 indicates an increasing trend.

Figure 5.1. Line graph showing the means of the PSOC-satisfaction score of the experimental group at three time points (1=pre-test, 2=post-test, 3=follow-up)



The PSOC- total means significantly differ only between pre-test and post-test (*P*=.041) for the experimental group. Figure 5.2 shows the increasing trend from pre-test to post-test but a slight decrease at follow-up. There are no significant differences between pre-test and post-test and follow-up with varied means for PSOC-total which is not found to have significant improvement after intervention at follow-up. The figure shows the graph with same trends.

Figure 5.2. Line graph showing the means of the PSOC-total score of the experimental group at three time points (1=pre-test, 2=post-test, 3=follow-up)



Analysis of Covariance-ANCOVA.

ANCOVA was applied to compare the groups at post-test with the pre-test as a covariate to control the differences among the groups before intervention. The intervention effect was thus determined to compare the post-test scores of two groups (experimental and control) after adjusting the pre-test scores. The tables 6, 7 and 7.1 shows a summary of results of ANCOVA for the CSA knowledge and attitude and PSOC data.

Table 6.

Between subject effects and Levene's test of equality of variance of the two groups

		n	Mean	SD	F	df_1	df_2
CSA-knowledge	*Experimental*	33	39.27	4.18	.252	1	65
	Control	34	36.11	4.03			
	Total	67	37.67	4.37			
CSA-attitude	*Experimental*	33	36.45	2.72	.836	1	65
	Control	34	32.91	3.59			
	Total	67	34.68	3.62			
PSOC-satisfaction	*Experimental*	33	40.27	4.69	.215	1	65
	Control	34	39.44	5.37			
	Total	67	39.85	5.03			
PSOC-efficacy	*Experimental*	33	31.81	3.11	.867	1	65
	Control	34	32.11	3.60			
	Total	67	30.97	3.35			
PSOC-Total	*Experimental*	33	70.63	4.99	2.64	1	65
	Control	34	71.55	6.86			
	Total	67	71.10	5.98			

n=number of participants, SD= Standard deviation, F= F- test value, df=degrees of freedom

Table 6. shows the between-subject effects and Levene's test of equality of variances for the CSA knowledge and attitude and PSOC data set. The CSA-knowledge score comparisons show that there are no significant differences in error between the groups (N=33 and 34, M(SD)=39.27(4.18) and 36.11(4.03) for experimental and control group respectively, (F= .252, df1=1, df2=65). Similarly, CSA-attitude score comparisons show that there are no significant differences in error between the groups (N=33 and 34, M(SD)=36.45(2.72) and 32.91(3.59) for experimental and control group respectively, (F= .836, df1=1, df2=65).

The PSOC-satisfaction, efficacy and total score comparisons show that there are no significant differences in error between the groups with N=33 and 34 for experimental and control group respectively. The PSOC- satisfaction statistics (mean (SD)= 40.27(4.69) and

39.44(5.37), F= .215, df1=1, df2=65) and PSOC-efficacy statistics (mean (SD)= 31.81(3.11) and 32.11(3.60), F= .867, df1=1, df2=65) also shows no significant differences between groups. Further the total PSOC scores also shows no such difference (M=70.63 and 71.55, SD=4.99 and 6.86 for experimental and control group respectively, F= 2.64, df1=1, df2=65). This confirms that the assumption of homogeneity of variance is adequately met for further analysis.

Table 7

Test of between subject effects; Dependent variable- CSA knowledge post-test.

Source	Type III Sum of Squares	df	Mean square	F
Corrected model	273.501[a]	2	136.751	8.829
Intercept	864.11	1	864.811	55.835
CSA knowledge	106.800	1	106.800	6.895
Groups E and C	206.168	1	206.168	13.311**
Error	991.275	64	15.489	
Total	96348.000	67		
Corrected total	1264.776	66		

*a=R squared=0.216 (Adjusted R squared=0.192). F= F- test value, df=degrees of freedom, , **=P< 0.01, E=experimental, C=control*

Table 7.1

Test of between subject effects; Dependent variable- CSA attitude post-test.

Source	Type III Sum of Squares	df	Mean square	F
Corrected model	319.476[a]	2	159.738	18.624
Intercept	683.246	1	683.246	79.658
CSA attitude	116.210	1	116.210	13.549
Groups E and C	109.801	1	109.801	12.801**
Error	548.942	64	8.577	
Total	81480.000	67		
Corrected total	868.418	66		

*a=R squared=0.368(Adjusted R squared=0.348). F= F- test value, df=degrees of freedom, **=P< 0.01, E=experimental, C=control*

Table 7.2.

Test of between subject effects; Dependent variable- PSOC satisfaction post-test

Source	Type III Sum of Squares	df	Mean square	F
Corrected model	94.59[b]	2	47.926	1.921
Intercept	4851.026	1	4851.026	197.006
PSOC satisfaction	83.012	1	83.012	3.371
Groups E and C	16.720	1	16.720	0.679
Error	1575.916	64	24.624	
Total	108072.000	67		
Corrected total	1670.507	66		

b=R squared=0.57 (Adjusted R squared=-0.027). F= F- test value, df=degrees of freedom, E=experimental, C=control

Table 7.3.

Test of between subject effects; Dependent variable- PSOC efficacy post-test.

Source	Type III Sum of Squares	df	Mean square	F
Corrected model	1.897[b]	2	0.949	0.082
Intercept	1348.671	1	1348.671	116.635
PSOC efficacy	0.396	1	0.396	0.034
Groups E and C	0.947	1	0.947	0.082
Error	740.043	64	11.563	
Total	69222.000	67		
Corrected total	741.940	66		

b=R squared=0.003 (Adjusted R squared=-0.029). F= F- test value, df=degrees of freedom, E=experimental, C=control

Table 7.4.

Test of between subject effects; Dependent variable- PSOC total post-test

Source	Type III Sum of Squares	df	Mean square	F
Corrected model	17.844[b]	2	8.92	0.243
Intercept	3426.130	1	3426.130	93.370
PSOC total	3.549	1	3.594	0.98
Groups E and C	16.043	1	16.043	0.437
Error	2348.424	64	36.694	

Total	341108.000	67
Corrected total	2366.269	66

b=R squared=0.008 (Adjusted R squared=-0.23). F= F- test value, df=degrees of freedom, E=experimental, C=control

Table 7. and 7.1 shows that there is a significant difference in CSA knowledge (F (1,64) = 13.311, p< .01) and CSA attitude (F (1,64) = 12.801, p< .01) after controlling the effect of pre-test scores. This implies that the scores on the pre-test are independent of the scores obtained in the post-test which indicates that the PMT based psycho-education program provided as an intervention has a significant effect on the knowledge gains and changes in attitude towards CSA. Thus, the post-test means adjusted for the pre-test scores differ between the groups.

Table 7.2, 7.3 and 7.4. shows that there is no significant difference in PSOC satisfaction (F (1,64) = 0.679, p> .05) and efficacy (F (1,64) = 0.082, p> .05) and PSOC-total (F (1,64) = 0.437, p>.05) after controlling the effect of pre-test scores. This implies that the scores on the pre-test are not independent of the scores obtained in the post-test which indicates that the PMT based psychoeducation program provided as the intervention has no significant effect on parental satisfaction and efficacy. Thus, the post-test means adjusted for the pre-test scores do not differ between the groups.

II- Qualitative Results

Objectives

- To understand the mothers' perceptions about CSA.
- To identify the markers of positive change after the intervention
- To find out if the intervention has facilitated mothers to teach about CSA prevention.

Qualitative analysis

The Qualitative content analysis was adapted from different qualitative studies (Erlingsson & Brysiewicz, 2017; Graneheim & Lundman, 2004; Hsieh & Shannon, 2005). The process of analysis included four steps.

1. Manual transcription of data in a notebook and condensation in to MS. Excel sheets
2. Line by line reading for coding and labeling (19 codes) (refer table 8)
3. Codes categorization based on similarity (6 categories) (refer figure 6)
4. Re-reading and checking of categories and connecting to overall data for emergence of themes (3 themes) (refer figure 6)
5. Taking note of allied themes globally connected to CSA prevention in the present context.

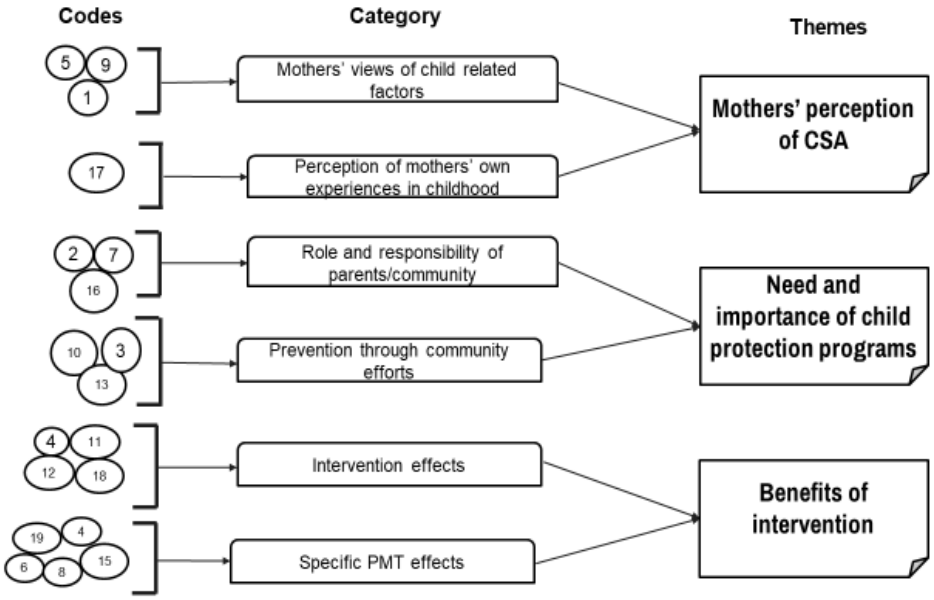
The PMT vignettes' responses to statements and feedbacks, session feedback, overall program feedbacks and the post intervention follow-up feedbacks formed the qualitative data for content analysis.

Table 8

The code numbers and the participants' responses summarized

1	Importance of Child's Knowledge	78%
19	Willingness to adopt methods	51%
8	Perception of severity	51%
15	Intent/motivation to teach	50%
7	Role of community	45%
13	Focus on prevention	44%
6	Perception of increased responsibility	42%
2	Parental role in prevention	40%
9	Child as a victim of situation/negligence/unaware	40%
10	Legal matters or perceptions	35%
4	Confidence after the program	36%
12	Communication blocks	33%
16	Need or importance of acts of sharing information with others	32%
11	Perceiving boys are equally vulnerable	31%
5	Risk factor in children	30%
18	Clarification of myths /identifying warning signs	30%
14	Confidence to disclose	28%
17	Perception of mothers' own childhood and their children	28%

Figure 6. Illustrating the codes, categories and themes of the qualitative content analysis



The table 8 and figure 6 describes the codes arrived at and the categories and themes of analysis of the content analysis. The obtained results are discussed along with scripts for the themes generated. The table 9 explains the themes - mothers' perception of CSA, need and importance of the child protection programs and benefits of intervention. Table 10 examines the specific effects of the PMT constructs working to promote CSA prevention behaviors.

Table 9

Showing the themes of the qualitative content analysis and the supporting scripts from the participant responses.

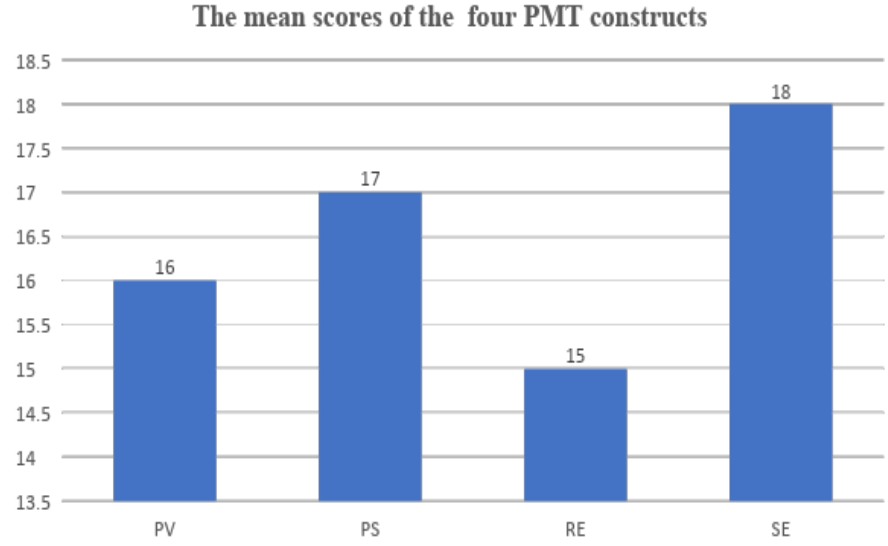
Theme	Scripts
Perception of CSA among mothers	*"It is important that our kids know about sexual abuse and we as parents .. by educating about it .....it is a serious issue nowadays but can't think what is good for my children"* (32-year-old mother).
	"Definitely there is lack of knowledge but many a time children become a victim of the situation and become helpless.."(35-year-old mother).
	A 38-year-old mother opines " children are also not safe in their own house .....this is mainly due to negligence of parents.."
Need and importance of child protection programs	*a 37-year-old mother says "many children are suffering and its increasing day by day .....right knowledge and training can be given to children ....if all attend these type of programs"*
	A 34-year-old mother says "...awareness among all the adults in the society is necessary.."
	A 33-year-old mother says " ...the school and government should take initiatives to conduct such programs.."
Benefits of intervention	*A 35-year-old mother says ....there was no expectation that these are things to be educated about ...but now understand there are some ways to protect children.."*
	A 33-year-old mother says "it is a good experience to learn about children's problems....this program gave a lot of information which we all were ignorant for various reasons"
	A 31-year-old mother says " through videos it is very easy to teach children and also we have to give a good safety circle for children ...also understand that our attitudes as parents also need to change ..."

Table 10

Showing the working of PMT constructs as assessed by the feedback given to the vignettes and the supporting scripts from the participant responses

PMT constructs	Scripts
Perceived Severity (PS)	*"These stories(vignettes) gave an insight about how problems of childhood can lead to serious problems..."* (35-year-old mother). *" things can go wrong for some people in childhood ...but like CSA ..is the most problematic one....they did not know what to do?"*
Perceived Vulnerability (PV)	*"anything can happen....I can't imagine if anything happens to my children"* (40-year-old mother). *A 32-year-old mother says, " today's children are more at risk compared to our growing up years.."*
Response Efficacy (RE)	*A 35-year-old mother says ....there was no expectation that these are things to be educated about ...but now understand there are some ways to protect children.."* *" I hope all mothers get such awareness programs...step by step ...abuse can be prevented"* (37-year-old mother).
Self-Efficacy (SE)	*A 35-year-old mother says " ...theses stories also show how mothers can do a lot about training children .....mothers can do a lot about these things..."* *" I take this opportunity to learn about CSA problem and try to do justice to myself as a teacher and a mother"* (35-year-old mother).
Behavioural intent to teach children about CSA.	*A 30-year-old mother says " yes for me it makes sense to teach about sexual abuse by mothers than anybody else".* *" We cannot be always there for them....should teach them ....at least they can smell danger and escape...stories gave a sense of hope that something can be done from our side" (36-year-old mother).*
PMT= PV+PS—Threat Appraisal + RE+ SE---Coping Appraisal------Protection Motivation	

Figure 7 Illustrating the mean scores of the PMT constructs as rated by the participants for the four vignettes.



Note: The scores are as rated by the participants after reading the four vignettes. (PV=Perceived Vulnerability, PS= Perceived Severity, RE= Response Efficacy, SE= Self Efficacy) on a rating scale of 1-5.

The aim of the intervention was to enable mothers to teach about CSA to their children. The responses in this regard were recorded from the post intervention follow-up data. The mothers reported that they were confident about teaching safety skills to children. They reported to have adopted the methods taught during the intervention. Most of them reported to have made use of the videos shared with them to start a conversation about CSA.

Markers of positive change

The analysis of the intervention shows different components of the psychoeducation program had positive impact. The key areas reported include the effect on parent-child communication, overcoming communication blocks, bursting of myths about CSA and an increase in confidence among mothers. The secrecy around the topic of sexuality was reported to have reduced and they understood the fact that teaching about body safety do not involve any discussion on sex. It was also reported that though they wanted to talk about CSA but they did not know the language and vocabulary appropriate for it. The initiation of parent-child communication was one of the important markers of change in the present program. For effective imparting of CSA related topics, it is essential for the mothers to overcome communication blocks. The following scripts are listed below in support the above findings.

> *A 39-year-old mother says " …in my thinking about what sexual exploitation is? …was a lot of misunderstanding which is now cleared off".*
>
> *" we all were ignorant for various reasons and we as parents must overcome these ……like said labeling private parts is something we all overlook and grow up with…..we should make use of these type of programs" (33-year-old mother).*
>
> *"The group-wise discussion was so good and we really could understand how we have a wrong understanding of problems related to this" (34-year-old mother).*
>
> *" The legal things explained especially after disclosure has given us a lot of confidence about at least reporting the problems…." (36-year-old mother).*

III Triangulation

Integration of quantitative and qualitative findings

The pragmatic standpoint of the present study led to the convergence and corroboration of the two methods' data triangulation (Greene, Caracelli & Graham, 1989).

It helped in complementing the findings answering different research questions (Hammersley, 2008). This data triangulation technique attempts to explain the findings with empirical and descriptive precision (Onwuegbuzie, 2003). The statistical inferences were examined with qualitative analysis of the intervention. The corroboration used the supporting scripts from the intervention data. The overall impact of psychoeducation program and the specific role of PMT in the intervention was understood in depth combining the two approaches.

The pre-test and post-test comparisons of the experimental data shows a statistically significant increase in CSA knowledge.

"..now I am hopeful that my knowledge has improved ...I myself actually had many doubts" (40-year-old mother).

" ...as we understand that it can happen to anyone ....clearly explanation of all these safety measures must be taught to them whenever possible" (40-year-old mother).

The effectiveness of intervention assessed quantitatively indicates intervention has a positive impact on parents' knowledge on CSA and the satisfaction component of PSOC.

A 33-year-old mother reports "the information provided here is very useful for us. We know things are happening .....but we didn't know how to deal with it ……but now....feel can do something".

A 35-year-old mother says " ..I think today things are different ..children are more free with parents ..so teaching about safety will be easy".

The overall differences assessed for the three time points of pre-test, post-test and follow-up also clearly indicates improved scores after the psychoeducation program provided. The overall mean significance for difference including knowledge and attitude there is a statistically significant difference.

A 40-year-old mother writes "...now we understand that it can happen to anyone..so far I assumed that only very few boys have this problem but came to know that both are at risk ……....we should see that girl or boy all should be safe anywhere anytime"

The effect of intervention assessed by controlling the effect of pre-test scores adjusted statistically as a covariate also shows a significant impact on overall CSA knowledge and attitude of the participants

" ...we should also overcome our shyness in talking about such matters.....only then children will feel ok to talk about this" (40-year-old mother).

A 39-year-old mother reports "thinking all these days that it's difficult to come down to the child's level while talking about sex was wrong ...its actually not so .."

Contradictory findings

The analysis of the data threw light on the contradiction in the inferences drawn from the quantitative and the qualitative analysis.

The pre-test and posttest comparisons of CSA- attitude did not show significant difference for the experimental group. But the qualitative analysis indicate that mothers have changed attitudes towards CSA and its prevention.

" thinking it is not ok to talk these things to children can be risky .....some way should be found to talk to them" (40-year-old mother).

A 31-year-old mother says " through videos it is very easy to teach children and also we have to give a good safety circle for children ...also understand that our attitudes as parents also need to change ...".

The PSOC as assessed by the quantitative scale gave inconclusive results. The qualitative results show that the confidence and willingness to promote safety of their children had positive impact after intervention.

"In this program, I have learned that this problem can be addressed if kids are rightly educated ...." (40-year-old mother).

A 33-year-old mother says "the information got here……has given more confidence to me ...such programs should be conducted in all places"

IV Evaluation of intervention

The aim of the intervention was to check the impact of PMT constructs in promoting CSA prevention. The results and analysis indicated a marked impact on the CSA-knowledge and the PSOC to some extent. At the end of the analysis the researcher wanted to examine if the intervention met the criteria/attributes for replicability and generalization of the intervention effects.

The Behavioral Change Consortium (BCC) of the NIH (National Institute of Health) (Borelli, 2011) prescribes five domains of treatment fidelity (Borg & Gall, 1983). An attempt is made in this study to check the attributes were present in this PMT based intervention. The ***study design*** requires that there is sufficient treatment difference between the experimental and control group to attribute the desired changes to the intervention. In the present study it was ensured that the experimental and control group received different treatment. The experimental group received the PMT-based intervention while the control group was given a general session and reading material on parenting. Further the ***treatment contamination*** was prevented by keeping the participants of the two groups blind to the sessions each of them received. This was possible since the participants for the two groups were enrolled from different places of the sample universe. The effective conduct of intervention needs ***training*** and correct mode of ***delivery.*** The researcher developed a standard manual and it was subject to expert reviews and suggested modifications were made. To check the feasibility of time and completion of activities/procedures intervention was evaluated step by step by conducting a pilot test before the actual study. The ***receipt of treatment*** and ***enactment*** requires *monitoring*, the intervention was provided by two facilitators and each of them monitored the sessions. They ensured that intervention was delivered according to the protocol and research plan. The self-reports/feedbacks of the participants at the end of the study/follow-up confirms that the intervention was well received and it had an impact on them. Further, the participants' suggestions and views were recorded as feedbacks to improvise the intervention for real ***stakeholder benefits***.

The intervention could be evaluated for recruitment feasibility, acceptability (Saracutu, et al., 2018), member checking (Birt et al., 2016), satisfaction (Kadervek & Justice, 2010) and stake holders' suggestions. ***Recruitment feasibility***- Aimed: 100 participants, approached: 92, consent given: 72. **7**2% of recruitment was possible with the purposive sampling technique used in sample selection in the given location of the study. At the end of the study drop out was 11% (8). Percentage of participants retained was 89% in this study. ***Acceptability*** (from qualitative content analysis) it was found 82% of the sample reported to have recognized the importance of the program. 78% of the sample confirmed to have understood the importance of child's knowledge in real life settings to curb CSA and 51% of them reported willingness to adopt the methods taught during the program to protect children from CSA. ***Satisfaction*** (as measured by item No. 2 & 5 of post intervention follow-up schedule) the needs (information on educating children on CSA prevention) of the

participants were met for all the participants. Overall experience in the whole research program was rated to be highly satisfactory by the participants on a scale of one and five. ***Member checking*** (through telephonic conversation)- was done by cross checking the findings by sharing the results and its interpretation to the participants. Six participants were contacted to communicate the findings of the study for verification. The participants validated that the interpretations are in accordance with their experiences and skills learnt during the intervention. ***Stake holders' suggestions*** (as feedbacks) most of the participants wanted the facilitators to conduct more of such programs accessible in the neighborhood. Participants suggested to involve both parents and children in the program for effective reach for prevention of CSA.

Discussion

Quantitative findings

The results indicate that there were significant differences in CSA knowledge, PSOC-satisfaction when the experimental group was compared between pre and post intervention. The effect size was high (0.85) for knowledge and PSOC total (0.80) and moderate (0.63) for satisfaction. There was significant change in scores of CSA knowledge and attitude from pre-test to post-test with pre-test held as a covariate, examining the experimental and control group. The significant difference in scores is attributed to the intervention provided. There were no significant differences in CSA attitude and PSOC-efficacy when experimental group was compared between pre and post intervention. There was no significant change in scores of PSOC satisfaction and efficacy and total from pre-test to post-test with pre-test held as a covariate, examining the experimental and control group. The intervention did not influence the PSOC satisfaction and efficacy of the participants. The RM-ANOVA for three timepoints shows significant changes in knowledge, PSOC-satisfaction and PSOC total between pretest, post-test and follow-ups.

Findings indicates that often parents' deficits in childrearing practices have to be addressed by involving them in prevention and skill development programs (Baker, Schneiderman, Branard & Donnelly, 2012). Parental instruction programs have comparatively more impact than the school-based programs (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995). The present study being a parental program found the involvement of mothers for CSA prevention beneficial to promote prevention practices.

Some of the benefits are as discussed further. There will be higher appraisal of risks for CSA and knowledge among parents who attended programs on CSA prevention (Babatsikos,

2010). Trained parents and caregivers are likely to discuss CSA with children and are more open to engage in activities meant for CSA prevention (Salloum et al., 2019). Of both parents, mothers are more involved and committed to the programs compared to fathers. They were prompter and more willing to educate their children about CSA (Wurtele and Kenny, 2010; Tutty, 1993). The significant increase in knowledge in the present study indicate that the participants will be able to apply the skills learnt in the intervention for educating their children on CSA. The children of the participants in this study may receive the benefits of the sincere involvement and commitment of the mothers.

Qualitative findings

The qualitative reports indicate that the participants experienced fear and concern at one point and subsequently realized that there are effective methods to prevent CSA and they can be the ideal educators for their children. Campis et al. 1989 explored coping appraisal components (Response efficacy and Self-efficacy) of PMT in engaging parents to communicate about CSA to children which yielded positive results. Burgess and Wurtele (1998), reported that coping appraisal constructs of PMT worked in favor of the CSA prevention program. The present study validated that the principles of PMT worked favorably for improving parent-child communication for prevention of CSA. There were important markers of positive change in participants- enhanced mother-child communication by overcoming blocks, increased confidence, clearance of many myths and misconceptions about CSA. The participants reported to have got a new perspective on the topic and are better equipped to address the problem.

Triangulation

The individual and collective perceptions of the participants about the intervention and its impact (Abildgard, Saksvik & Nielsen, 2016) was captured in the triangulation of the quantitative and qualitative data. The convergence and corroboration of the two methods' data triangulation (Greene, Caracelli & Graham, 1989) helped to explain the findings with empirical and descriptive precision (Onwuegbuzie, 2003). The increased knowledge after intervention has reportedly led to increased confidence and favourable attitude towards prevention of CSA. The effect of intervention on parental competency is inconclusive in the quantitative findings. On the contrary the qualitative findings indicate the mothers after the intervention seem competent as a parent to protect their children. The evaluation of the intervention through participant feedbacks and follow-ups validates the fidelity of the intervention and its practical benefits.

Benefits of primary prevention approach

A public health approach is beneficial to increase knowledge to integrate social and educational policies and to increase reporting of CSA (Letourneau et al, 2014). There is evidence for the effectiveness of parent-mediated intervention through psychoeducation programs (Shire, Gulsrud, & Kasari, 2016; Walsh & Brandon, 2012; Babatsikos, 2010) that would help us address the problem of CSA more effectively. Parents and children who attended the program had increased knowledge gains and also reported change in attitudes. And they also reported attitude changes for considering it appropriate to communicate with children about abuse and overcoming communication blocks (Lape-Brinkman, 2000). The primary prevention program findings indicate families were more educated about risks of CSA and the parent-child communication increase led to effective imparting of CSA knowledge (Kenny,2009). This is because involving parents provides ample scope for behavioral rehearsals and consistent commitment of parents (Deblinger, Stauffer & Steer, 2001; Finkelhor & Dziuba-Leatherman, 1995).

Major findings

- There was a significant increase in participants knowledge after the intervention. Many of the facts about CSA were unknown prior to the program. The impact of intervention in the present study was moderate to high.
- The role of specific PMT constructs (PV, PS, RE and SE) were extracted from the intervention data. The participants reported to have experienced fear and concern when they were exposed to PV and PS vignettes.
- The fear aroused had to find a coping mechanism and it has motivated to impart CSA knowledge to children.
- The qualitative analysis reveals that the participants' misconceptions and myths about CSA were cleared, overcame communication blocks and increased their confidence.
- The important tenet of PMT is to promote the motivation to adopt a pro-health behavior. In the present study, the intent to protect children through increased knowledge is evident in quantitative and qualitative findings.
- The integration of the two approaches complemented the findings and validated the efficacy of the intervention in bringing about change in mothers towards CSA prevention.
- The evaluation of the intervention indicates the intervention was delivered according to research plan and can be applied in real life settings.

Implications of the findings

- If misconceptions and incomplete knowledge remain the warning signs of abuse may go unnoticed and thereby increase the risk and maintenance of sexual abuse.
- Knowledge also brings about a change in attitude and increases the confidence to deal with CSA and work towards prevention.
- The psycho-education programs can have a greater impact on the participants than regular awareness programs. Psycho-education programs not only provide information but also motivate and promote right practices towards prevention.
- A theory-based approach in the psycho-education program is more effective due to its systematic nature of delivery and adds the benefits of evidence-based practices.
- Sexuality and related concepts culturally run deep in an individual psyche and open communication is blocked and misconceptions are seldom addressed and continue through generations. A typical psychoeducation program can bring awareness and promote healthy prevention practices.
- Addressing social problems like CSA requires contextualized intervention approaches for wider reach among masses.

Limitations of the study

- The sample size is small and thus quantifying the impact of intervention should be done with caution.
- The participants for the experimentation were not randomly assigned.
- The quantitative study adopted a quasi-experimental approach, which has inherent drawbacks which limits the generalizability to larger population.
- The impact of the intervention on PSOC could not be clearly identified with the focus primarily being on CSA.
- The study attempts to address the problem of CSA only through mothers as participants, the involvement of both parents will have a greater impact on prevention efforts.
- There was no cross-referencing for checking the impact on children as they are not part of the study.

- Mothers who had differently-abled children were excluded from the study, while it is a fact that differently-abled children are at higher risk than normal children.
- There was also no attempt made to understand the values, morals, and beliefs of mothers about sexuality which may have influenced their response to intervention.

Recommendations for further research

- Different public health models can be tested and also a combination of different models can be tested to derive a new theoretical approach to develop CSA intervention program.
- Other forms of child abuse like physical abuse, emotional/psychological abuse or neglect can also be addressed with such interventions.
- In the context of CSA other parental factors or child specific factors can be included in assessment and the effect of intervention can be studied.
- For instance, personality characteristics of mothers may play an essential role in practicing the CSA prevention skills. A more specific and individualistic approach will have long term effects on the participants.
- School and educational policies should prioritize child abuse prevention education as part of the curriculum.
- The school-community partnership in this regard should be given full support for evidence-based approaches/deliberately developed strategies for prevention.

Summary

The present study aimed at applying PMT-based intervention for mothers of preadolescents to prevent CSA. A mixed-method design was used along with a quasi-experimental study. The participants were part of the PMT based psychoeducation program as intervention. The effect of intervention was assessed with pre-test and post measures (CSA knowledge and attitude and PSOC) for quantitative analysis. And the intervention data was used for qualitative analysis to determine the effect of intervention. The data was triangulated to corroborate the two findings. The intervention evaluated indicated to have satisfactory fidelity, feasibility and acceptance. The outcome of the study is that the intervention provided was beneficial to the participants. The knowledge gains after the intervention will have

important implications for developing the similar strategies involving parents in future CSA prevention program.

Conclusion

The findings of the study place a strong argument in favor of developing systematic and a scientific evidence-based intervention to address the problem of CSA. The involvement of mothers is beneficial in promoting prevention practices. The effectiveness of the program was assessed both quantitatively and qualitatively that substantiate the findings of each other. The study validates the effect of PMT in increasing the protection motivation among mothers. The health-threat-communication paradigm on which the PMT relies has shown a marked impact on the participants in the present study.

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APPENDIX - A

Demographic Data Sheet

Instructions:

The following details will take about five minutes to complete. If any part of the form is not clear, please feel free to clarify. This includes general details and few questions related to the research topic. All the information shared by you will be kept confidential and the obtained information will be used for research purposes only. The filling up of this form confirms your voluntary consent to research.

1	**Name**	Education:
2	Age	
3	Occupation	1. Homemaker ◯ 2. Pvt. Service ◯ 3. Govt. service ◯ 4. other ◯ Specify_____ _____ _____
4	Occupation of spouse	1.Govt service ◯ 2. Pvt. service ◯ 3. Business ◯ 4. Others ◯ Specify_____ _____ _____ _____
5	SES(Income/Month)	1.5000-15,000 ◯ 2.15000-50,000 ◯ 3. Above 50,000 ◯
6	Years of marriage	1. Below 10 years ◯ 2.10 -15 years ◯ 3. 15 years and above ◯
7	Family type	1. Nuclear family ◯ 2. Joint family ◯
8	Is your spouse an Expat/NRI?	1. Yes ◯ 2. No ◯
9	Are you a single parent?	1.Yes ◯ 2. No ◯ Specify: _____
10	No. of Children	1.One ◯ 2. Two ◯ 3. Three ◯ 4. Four and above ◯
11	Gender of Children	1. Girls_____ 2.Boys_____
12	Religion	1. Hindu ◯ 2. Islam ◯ 3. Christian ◯ 4. Others_____
13	Are you the native of Kannur region?	1. Yes ◯ 2. No ◯ 3. Residing from past few years_____
14	Has your child between 8 and 12 diagnosed with any of the following?	1.Physical disability ◯ 2. Mental disability 3. Others_____
15	Have you been diagnosed or under treatment for any of the following?	1. Physical illness ◯ 2. Mental illness ◯ 3. Others_____ Specify _____ _____
Kindly rate your opinion on a 10-point scale:1 to mean a low, 10 to mean high and 5 to mean an in between response. Circle that applies to you.		
16	I may experience a psychological or emotional discomfort when the matters of child sexual abuse are discussed. **1 2 3 4 5 6 7 8 9 10**	

B

Consent Form

Dear participant, you are invited to participate in a research program. This research is carried out as part of PhD research by Mrs. Bhagyalakshmi K.C, under the supervision of Dr. Aneesh Kumar, Assistant Professor, Department of Psychology at Christ University. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate.

Research title: "Prevention of Child Sexual Abuse: A Protection Motivation Theory-based Intervention for Mothers of Preadolescents".

Purpose of the study:

The present study is carried out to understand the dynamics of the issue of Child Sexual Abuse (CSA) in India. The study attempts to understand the issue from the perspectives of mothers who have preadolescent children. The study requires that the mothers share their views, opinions and experiences with regard to the same. The findings of this study will give a better understanding of the problem and also help the researcher in explaining what best would help to protect our children from being abused sexually. The study thus would explore the aspects that would promote child protection.

Procedures

The participation in the study requires you to answer questionnaires regarding the topic. The study requires the participants to be available for about 6 months in contact to meet at least once a month/as required for follow-ups etc. Based on certain research criteria and your knowledge about CSA, level of comfort talking about CSA, age etc. only some of you may be selected for further study. The confirmation for the selection to the next phase will be informed through a telephone call at a later date.

Risk benefits, participation and withdrawal

This research does not pose any specific physical or psychological discomfort for the participants. There is also no specific benefit apart from the information you would be exposed to. And this may provide you with an educative experience on issues of CSA. The information shared by you will give valuable data to the researcher and help to add on professional skill and knowledge for building research. You are at complete freedom to withdraw from the study at any point of time with-out giving due explanation to the researcher with-out any loss or benefit as a consequence of withdrawal.

Confidentiality

This study ensures complete confidentiality of the information shared during the research. There will be no direct references made with your identity revealed at any point of time. The data will be strictly used for the purpose of research only.

Please confirm your voluntary participation by ticking Yes/No to the following

1. I confirm that I have read and understood the information sheet and my questions/doubts were clarified by the researcher **Y/N**
2. I understand that all shared information will be used only for research and confidentiality of identities is ensured in this research **Y/N**
3. I understand there are no potential risks or benefits to me, and I can withdraw at any time **Y/N**
4. I voluntarily agree to take part in this study **Y/N**

Name: Sign: Date:

Code: _____ (will be filled by researcher)

Contact Address:

Contact number:

C

CSA Knowledge and Attitude Scale

Instructions: The following are a few statements on CSA. You have to indicate your responses by ticking 1= Strongly agree 2= Agree, 3 = Neither agree/disagree, 4=Disagree & 5=Strongly disagree to each statement. There are no confirmed right or wrong answers it will only be your views/opinion on CSA. Make sure you answer all the items. Please feel free to clarify if you don't understand anything. It would not take more than 10 minutes to complete the questionnaire.

	Knowledge					
	Statements	**1**	**2**	**3**	**4**	**5**
1	The problem of Child sexual abuse (CSA) exists around the world					
2	Children are most likely to be abused by familiar people					
3	A person who has sexually abused a child is likely to repeat the offence					
4	There is a helpline number to help children in case of abuse. Can you mention if yes ……					
5	CSA can always be identified by checking for physical marks or bruises(wounds) on the body					
6	Girl children are more vulnerable for sexual abuse					
7	Only if there is physical contact with the child it is called sexual abuse					
8	The abusers usually buy children expensive gifts or give them money for no apparent reason					
9	The child who was sexually abused will be held back from disclosing the episode by the abuser					
10	Only men sexually abuse children					
	Attitude					
1	Children should be encouraged to share their everyday experiences in the family and not keep secrets					
2	It is common that children watch media (e.g., Television, social media etc) and re-enact sexualised behaviours, it is nothing to be worried about					
3	CSA cases are few, so it is not necessary to teach them about CSA prevention					
4	CSA is rare with in the family					
5	Children will acquire knowledge on such matters on their own as they grow up and can deal with it					

6	Age-appropriate teaching of sexual matter is not practically possible					
7	Early CSA prevention education is necessary for children					
8	Most of the CSA abusers have serious mental illness					
9	CSA occurs mostly when the abuser is intoxicated (e.g. high with alcohol, drugs etc.)					
10	CSA prevention education may induce your child to know too much about sex					

Scoring

CSA Knowledge and attitude scale scoring: All the items are scored on 5-point Likert scale (1 to 5). Some of the items are to be scored reversely.

Knowledge: Items 1, 2, 3, 4, 8 & 9 are to be scored reversely.

Attitude: Items 1, 6 & 7 are to be scored reversely.

Interpretation: a higher score indicates increased knowledge/favorable attitude towards CSA prevention.

D

Parenting Sense of Competence Scale

Being A Parent – Mother Listed below are a number of statements. Please respond to each item, indicating your agreement or disagreement with each statement in the following manner.

If you strongly agree, circle the letters SA

If you agree, circle the letter A

If you mildly agree, circle the letters MA

If you mildly disagree, circle the letter MD

If you disagree, circle the letter D

If you strongly disagree, circle the letter SD

1.	The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.	SA A MA MD D SD
2.	Even though being a parent could be rewarding, I am frustrated now while my child is at his/her Present age.	SA A MA MD D SD
3.	I go to bed the same way I wake up in the morning – feeling I have not accomplished a whole lot.	SA A MA MD D SD
4.	I do not know what it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	SA A MA MD D SD
5.	My mother was better prepared to be a good mother than I am.	SA A MA MD D SD
6.	I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent.	SA A MA MD D SD

7.	Being a parent is manageable, and any problems are easily solved.	SA A MA MD D SD
8.	A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.	SA A MA MD D SD
9.	Sometimes I feel like I'm not getting anything done.	SA A MA MD D SD
10.	I meet my own personal expectations for expertise in caring for my child.	SA A MA MD D SD
11.	If anyone can find the answer to what is troubling my child, I am the one.	SA A MA MD D SD
12.	My talents and interests are in other areas, not in being a parent.	SA A MA MD D SD
13.	Considering how long I've been a mother, I feel thoroughly familiar with this role.	SA A MA MD D SD
14.	If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent.	SA A MA MD D SD
15.	I honestly believe I have all the skills necessary to be a good mother to my child.	SA A MA MD D SD
16.	Being a parent makes me tense and anxious.	SA A MA MD D SD
17.	Being a parent is a reward in itself.	SA A MA MD D SD

Scoring

The PSOC is a 17-item scale, with 2 subscales (satisfaction and efficacy). Each item is rated on a 6-point Likert scale anchored by 1 = “Strongly Disagree” and 6 = “Strongly Agree”. Nine (9) items (2, 3, 4, 5, 8, 9, 12, 14, and 16) on the PSOC are reverse coded. The scores on satisfaction and efficacy can be totalled separately and adding the two gives a full- scale score. A higher score indicates a higher parenting sense of compete

E

PREVENTION OF CHILD SEXUAL ABUSE: A PROTECTION MOTIVATION THEORY BASED PSYCHOEDUCATION FOR MOTHERS OF PREADOLESCENTS

August 2018

Facilitator's Manual

by

Bhagyalakshmi K.C
(Reg.No.1630089)
&
Aneesh Kumar
Department of Psychology
CHRIST (Deemed to be University)
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CHRIST
(DEEMED TO BE UNIVERSITY)
BANGALORE · INDIA

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F

Post Intervention Follow-up schedule

Instructions:

The following are few statements about your experience in this research program. The responses given should be a reflection and feedback about your experience in the Psycho-educative program.

1. Your participation in the program was voluntary Y/N (what made you decide so?)
2. The psycho-education program met your expectations Y/N (can you explain?)
3. During the program you read a few situations did that cause any concerns in you. Y/N (can you explain?)
4. Are you confident now about teaching safety skills to children? (how will you do/did that?)
5. Rate your overall experience in this research.

1————2————3————4————5

very bad ok good very bad good

Appendix - G

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CENTRE FOR RESEARCH

CU: RCEC: APPROVAL: 02/18

19 February 2018

Ms Bhagyalakshmi K C
PhD Scholar
Reg No 1630089
CHRIST (Deemed to be University), Bengaluru

Sub: Ethical Approval of the Study Titled "Prevention of Child Sexual Abuse: Protection Motivation Theory Based Intervention for Mothers of Preadolescents".

The Institutional Ethics committee has reviewed your application for ethical clearance for the Study titled "Prevention of Child Sexual Abuse: Protection Motivation Theory Based Intervention for Mothers of Preadolescents".

The committee has cleared your proposal for data collection after assessing the ethical aspects.

Sincerely

T.S.Sam

Dr Tony Sam George
(Member Secretary to Ethics Committee)
Additional Director
Center for Research
CHRIST (Deemed to be University), Bengaluru

Hosur Road, Bengaluru - 560 029, Karnataka, India www.christuniversity.in
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Appendix . H

CHRIST
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BANGALORE · INDIA

CERTIFICATE

This is to certify that Ms. BHAGYALAKSHMI KC

Register Number 1630089 has successfully completed the PhD coursework for six months as stipulated by CHRIST (Deemed to be University) PhD regulations and has been approved for continuation of research by the Doctoral Committee in its meeting held on 17.5.2017

Date: 7.8.2018

T.S.

Additional Director
Centre for Research

Registrar

I

Debriefing Script

Research Title: Prevention of Child Sexual Abuse: A Protection Motivation Theory-based Intervention for Mothers of Preadolescents

Bhagyalakshmi K.C,
Research Scholar
Dr. Aneesh Kumar. P,
Research Supervisor

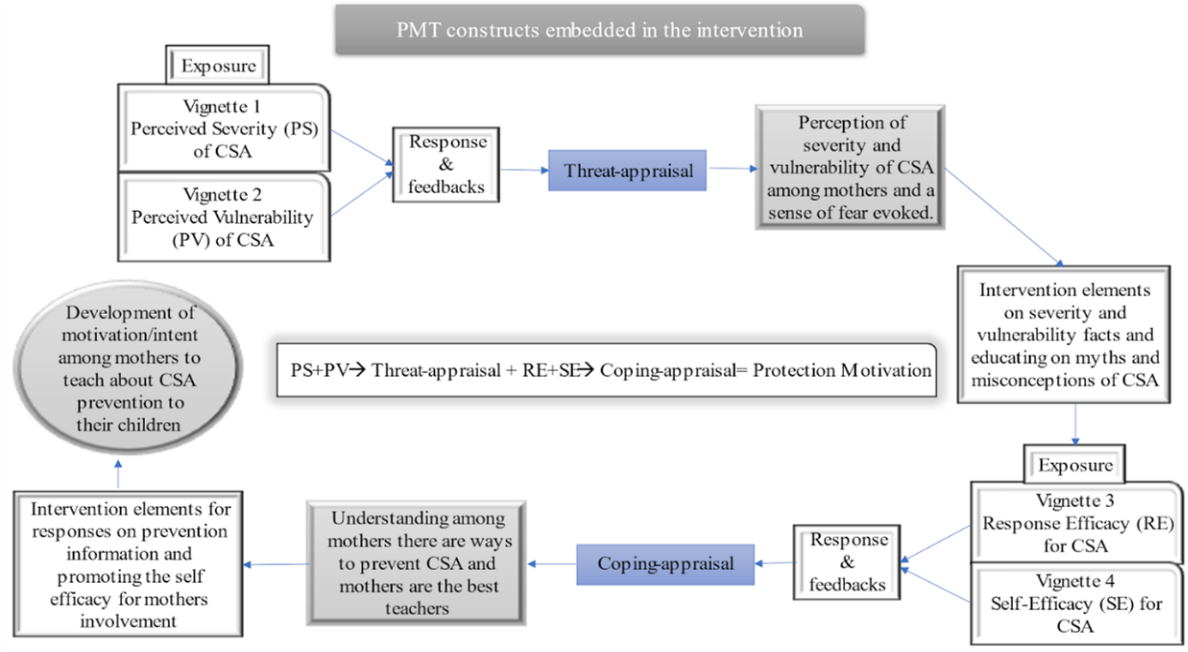
It is hereby conveyed to all the mothers who participated in this research A BIG THANK YOU! for your time and involvement in the study. Child sexual abuse has always been a concern for parents. The extent fo vulnerability of every child is not practically possible to be assumed. Hence it was important to find effective ways of educating children for CSA prevention. In the present study we made an attempt to educate mothers on CSA prevention. This was done using a theory-based approach. The assumptions of the Protection Motivation Theory is that when mothers are exposed to the severity and vulnerability of children for CSA , they express fear and concern and seek information to protect children. This information was provided to you in the psychoeducation program which led to the increased self-efficacy among mothers.

Mothers as participants were grouped in two and each group received different information on CSA prevention and general parenting. It was only later that the group which did not receive information on CSA prevention was given the psychoeducation program. This was done to compare your level of knowledge and attitude and parental sense of competence with and without the psychoeducation program. The study is now complete, and we take this opportunity to convey the findings to you. The findings of this study indicate that mothers were unaware of many facts about child sexual abuse and its prevention. It is found that after the psychoeducation program mothers showed an increased level of knowledge. The theory-based approach in educating mothers indicate mothers to have developed open and healthy communication with children. And mothers report to have overcome communication blocks which they previously thought were difficult and impossible to convey to children. The most important outcome of this research is that mothers expressed their motivation and confidence to practice CSA prevention skills had increased after the psychoeducation program. This finding further inspires us to carryout research and programs not only for mother but all adults as well. We see this research and its finding as an important step towards child protection. It is hereby again our gratitude expressed to all participants who were an important part of this research

and we want to continue the relationship for future research and related social initiatives to protect children. It is hereby requested to all of you to keep touch with us feel free to contact us in this regard at the following contact details.

Bhagyalakshmi. K.C
Doctoral Research Scholar
Dept. of Psychology, Christ (Deemed to be University),
Bengaluru
E-mail:
Mob:

J


PMT constructs embedded in the intervention
Exposure
Vignette 1 Perceived Severity (PS) of CSA
Vignette 2 Perceived Vulnerability (PV) of CSA
Response & feedbacks
Threat-appraisal
Perception of severity and vulnerability of CSA among mothers and a sense of fear evoked.
Intervention elements on severity and vulnerability facts and educating on myths and misconceptions of CSA
Exposure
Vignette 3 Response Efficacy (RE) for CSA
Vignette 4 Self-Efficacy (SE) for CSA
Response & feedbacks
Coping-appraisal
Understanding among mothers there are ways to prevent CSA and mothers are the best teachers
Intervention elements for responses on prevention information and promoting the self efficacy for mothers involvement
Development of motivation/intent among mothers to teach about CSA prevention to their children
PS+PV→ Threat-appraisal + RE+SE→ Coping-appraisal= Protection Motivation

Publication

Journal: Journal of Community Psychology

Title: Child Sexual Abuse Prevention Involving Mothers: A Quasi-Experimental Study with Protection Motivation Theory-Based Intervention

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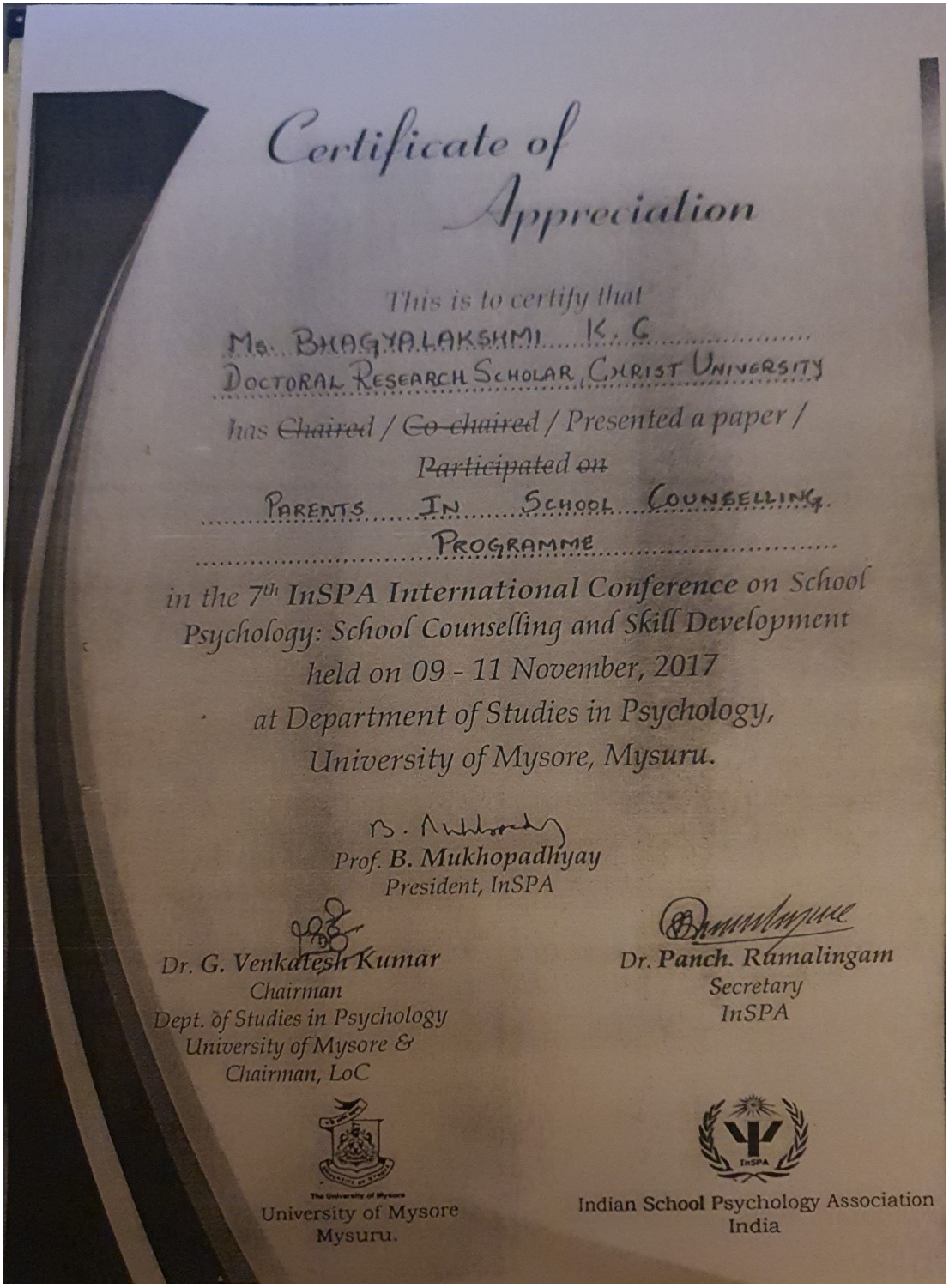


Certificate of Appreciation

This is to certify that

Ms. BHAGYALAKSHMI K. C

DOCTORAL RESEARCH SCHOLAR, CHRIST UNIVERSITY

has ~~Chaired~~ / ~~Co-chaired~~ / Presented a paper / ~~Participated on~~

PARENTS IN SCHOOL COUNSELLING PROGRAMME

in the 7th InSPA International Conference on School Psychology: School Counselling and Skill Development held on 09 - 11 November, 2017 at Department of Studies in Psychology, University of Mysore, Mysuru.

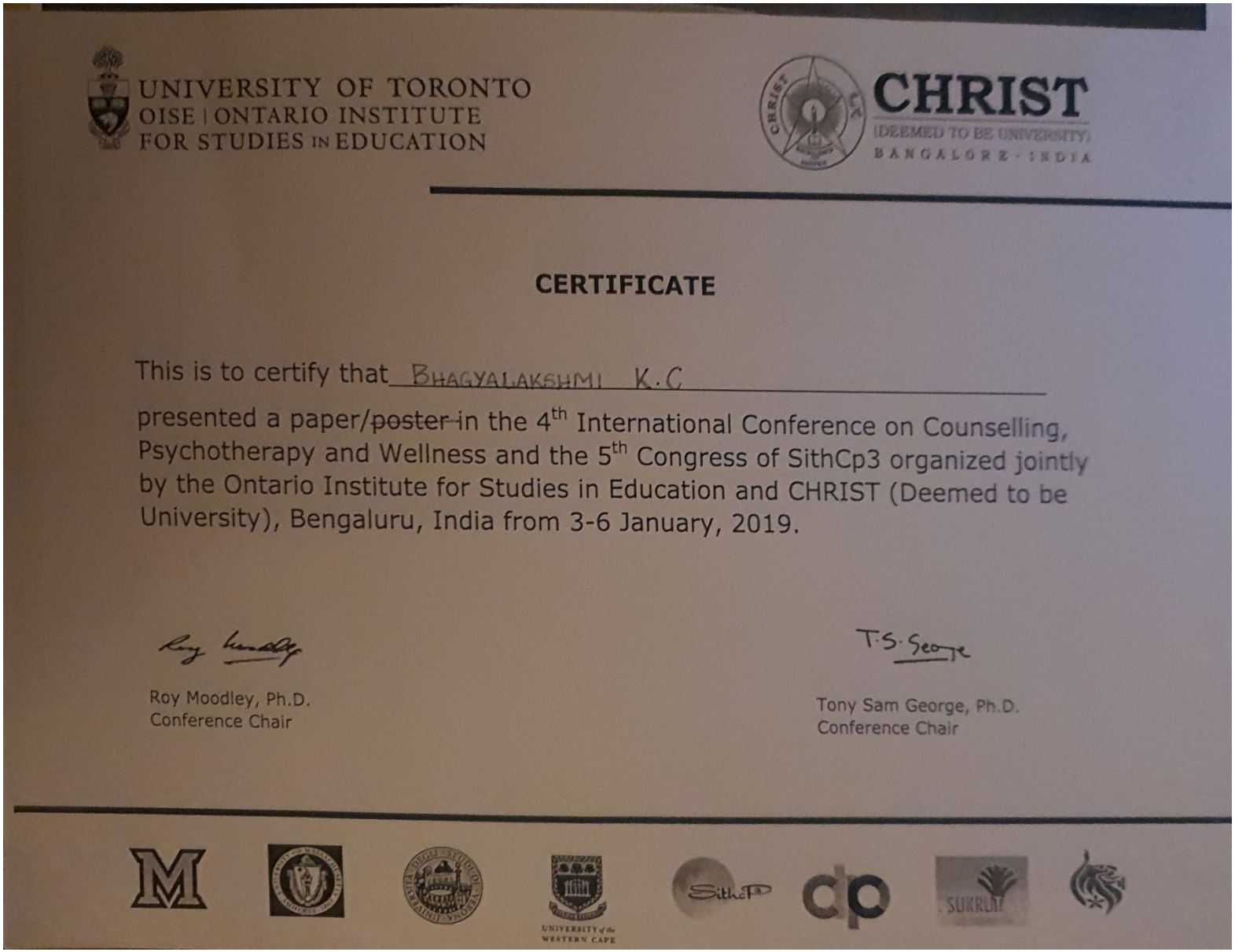
Prof. B. Mukhopadhyay
President, InSPA

Dr. G. Venkatesh Kumar
Chairman
Dept. of Studies in Psychology
University of Mysore &
Chairman, LoC

Dr. Panch. Rumalingam
Secretary
InSPA

University of Mysore
Mysuru.

Indian School Psychology Association
India



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CERTIFICATE

This is to certify that BHAGYALAKSHMI K.C

presented a paper/~~poster~~ in the 4th International Conference on Counselling, Psychotherapy and Wellness and the 5th Congress of SithCp3 organized jointly by the Ontario Institute for Studies in Education and CHRIST (Deemed to be University), Bengaluru, India from 3-6 January, 2019.

Roy Moodley, Ph.D.
Conference Chair

T.S. George

Tony Sam George, Ph.D.
Conference Chair

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CERTIFICATE
This is to certify that
BHAGYALAKSHMI KC
participated/presented in the International Conference on
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Nurturing Children and Youth
Policy| Research| Practice
12 - 14 December, 2019
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Dean, Social Sciences
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25
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